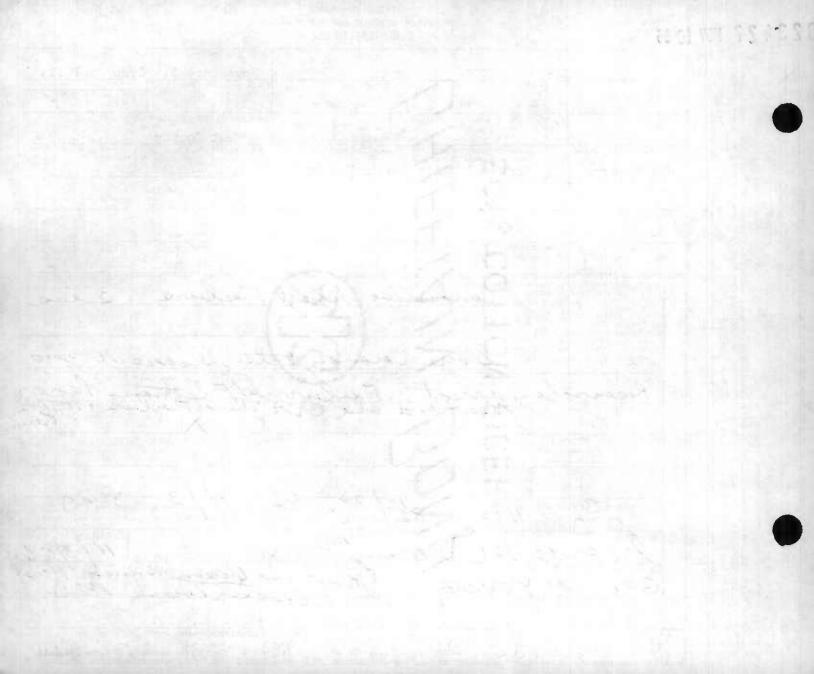
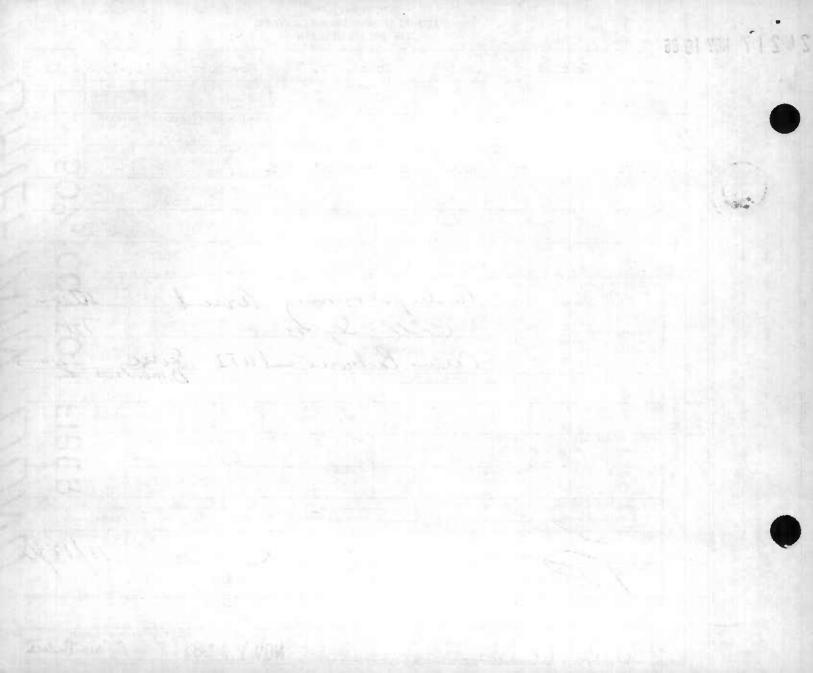


TO SECRETARY OF DEATH    DECERTIFICATE OF DEATH   BEG. NO.		ENT OF HEA	EPARTMEN	DEI					FOR	al a c	1	unu	7 1	2.7	1. 0	2	2
Luisa NMN Bryon November 3, 1986  1. SEX  Female  Cuban WHITE May 14, 1900 ***  86 ***  Female  Luisa NMN Bryon November 3, 1986  Cuban WHITE May 14, 1900 ***  86 ***  Female  Luisa NMN Bryon November 3, 1986  Female  Cuban WHITE May 14, 1900 ***  86 ***  Female  Luisa NMN Bryon November 3, 1986  Recitation of the second o	TE OF DE	CERTIFIC	C					STRAR	BEGIST	0, 86	40	MUA	. 1	1	4 7	0	4
Luisa NNN Bryon  Cuban WHITE May 14, h 1900 ***  Female C		LAST		HECK		457	64										
3.36% Female    Substitution   Female   Cuban WHITE   May   14, 1900   148   86   1914   1900   148   86   1914   1900   148   1800		Bryon	P	NMN	N	isa	Lau	11	Owtenest	CHAEO			6	20	2	V	X
A BRITHPIACE SCALE GIRDENGE OF WHAT COUNTRY WISDAMS ADMOSCED OF SECURITY OF DEATH SUSPENSE ADMOSCED OF SECURITY OF SECURITY OF SECURITY		5. DATE OF	1 3.				-	100	X	1.5EX	1		0	0.0	100	T	
COUNTY   The Cou	, 190	May 1						male	Fem	-	1		the second	actor.	* * * * * * * * * * * * * * * * * * * *	-	
Chestertown Kent and Queen Anne's Hospital  Chestertown Kent and Queen Land Queen Land Chester Anne Company  (Inc. Land Chestertown Miami  Inc.		THE RESERVE AND ADDRESS OF THE PARTY OF THE	A	WHAT COU		ion 76 (			COUNTER		4	100	12 40	menal di	beath. Fo		
The STATE   The County   The		Anne's	ueen A	and Qu	Kent a	/	wn	terto	hest	Ch	1	X.	T C	try the ta	rs after o		
Clemente Jose BLANCO  Clemente Jose BLANCO  Nieves PALENZUELA  No. 17 Netromani  ADDR 453 Wash  OT8 50 2289 T Beatrice Maria Bryon Miami Beat  Beatrice Maria Bryon Miami Beatle Mi	DOX 1	113	ORTOWN	The City Of	ex Michigal Col.	COUNTY	13	ia	ordi	Flo	0	4	hoold be	filled in hoold be	n 24 Nov		
The Conditions, if any, which give rise to immediate countries to im	AOTHER'S	15	LAST	t A	ANCO	se BLA	e Jos	PIRT	A DESTRUCTION	1000	14	14	P	Colonel	d with		
PART I, DEATH WAS CAUSED BY  IMMEDIATE CAUSE ID.  DUE TO, OR AS A CONSEQUENCE OF  Conditions. If only, which gove rice to immediate course in the property of		ALL STREET, SALES		1220-231-340	D FORCES?	U.S. ARMED	EVER IN U	CEASED	WAS DEC	läe W.	3	Modern	Poge	Pages E	e execute		
THE TIME OF INJURY  OF CONTRIBUTING CALLE OF DEATH  OF CONTRIB	HELATED SEFERY	Con	ONSEQUENCE	Eve	DUE TO, 09	CANT CON	immedia stating to couse to SIGNIFIC	OTHER	PART R	FICATION	5	any injury, or other traum	permit. Then please remarks and price to burief, coemation,	hor been signed by the atten- permit. Then please remove o	to low requires that the ideas on		
The first control of the control of		YEAR 10	1000	M. MONT	HOUR A.A	E OF DEATH (KAMPER)	CAUSE HARDICALE	SHITUMENTHS	ON CONF			4	entol Hygin	certificate	SICIAN, THE		
Stow 12 december allies on stow 15 december allies on stow 15 december and 10	LOCATION		COPPCE FARM	HEET FACTORY	SAT HOME, STRE		AT WORK I		AL WORL	1		orkedor	as the to	When this as the to-	NG PHY		
	ADDRESS Ken	DE	100	3	ew the fody	did not si	we idid	BOYATUR BYATUR HYSICIAN FO	124 5187 724 FHP		1	STANT	the State	TO FUNERAL DIRECTOR A should be detaithed for use	TO HOSPITAL OR ATTENDI		
Burial Nov. 5, 1986 Vista Memo. Gardens Hialeah, Fla.  OHMAN 16 50M 7/84  OHMAN 16 50M 7/84  OHMAN 15 50M 7/	o. Ga ls	sta Me lis We	Will:	J.		S. Carrier	1	uria.	Bu	100	7	7	9	99	BP	9	1



STATE OF MARYLAND



	1	#1,per	F.H.	2/18/88			E OF MARYL			3 6		32	5 5 1
6495 DEC-	318	FOR STATE REGISTRAR			DEPAR		ICATE OF	MENTAL HYG	IENE	850 11			
	1. DE	CEASED NAME	FIRST		MIDDLE	ı	AST	Sr.	Zo. DATE C	REG. N		DAY YEAR	26 HOUR
10	TYPE	OR BELIATI)	Edwin	NM	N	Czarı	n <b>eki</b>	dre		ber 2			5:50p <sub>M</sub>
1 31	3. SE	X		4. RACE		5. DATE C		YEAR	, ,,,	YEARS LAST BIR	THDAY)	MONTHS DAYS	HOURS MIN.
Pare Tay	AL B	NALE RIHPLACE (STATE	OR FOREIGN	White	CAUC F WHAT COUNTR	XY? 8	39	35	9 BALTIM	ORE CITY C	YRS OR COUNT	Y OF DEATH	
1 11 25	PH	i ladel chi	C.	1151		MARRIE	D NEVER	MARRIED		ent C			MD.
1 11 3	10 C	TY OR TOWN OF	DEATH	(IF NOT IN SI	F HOSPITAL, NUR	REET ADDRESS)			LTYPE OF WO	L OCCUPAT	OF WORKING L	17b. KIND (	OF BUSINESS OR
1 60/	HSII	Chestert	JURSING HOME OF	Kent a	ind Queen	Anne's	s Hosp	. Inc.	LTC	ucker	*	Je	ttries 15
and the St	13o.	TATE	HIST CONT	hila.	13t. CITY OR TO	OWN	13d. INSIDE	NO	13e STREET	ADDRESS		5+. W	rite Haven
1 10 000	-	THER'S NAME	1100	WIDDLE	LAST		15. MOTHER	'S MAIDEN NA	ME	WIDDLE	O'CIX.	. IA	SI
p 0.8070	V	alerian		E.		JPCKI ECURITY NO.	Co 17 INFORM	etheri	ve	DADDRI	ec.c	Lee	
1 mg 9 2	160	VAS DECEASED EX YES, NO OR UNKNOWN]		MED FORCES? E WAR OR DATES)	164-2	8-90/14	0	PANNA	100	sis la	site	(Sam	e)
CAN -		18 CAUSE OF DE	ATH (Enter on	lly ane cause p	er line los (o), (b),	and con	1	-	- 1	20			XIMATE INTERVAL ONSET AND DEATH
11		PART I. DEATH	IMMEDIA		lent	truck	ula	n t.	ela	illo	les	4 6	Rour
oth of endin endin				DUE TO,	OR AS A CONSEC	QUENCE OF							
40 and 1		Conditions, if a gave rise to cause (a), st	immediate	(p)=	CTD 4.5.4.6.CD 146F4	OUTNIET OF						_	_
that d by ease ol, cr			use last.	(6)	GRAS A CONSEC	QUENCE OF	Can	dies	none	pal	They	3	neary
uires signed en pla o buria	z	PART 2. OTHER S	IGNIFICANT (	CONDITIONS	CONTRIBUTING T	TO DEATH BUT	NOT RELATE	D TO THE ALRA	AL DISE	SE OF CON	Dyrotylsi	VEN IN PART 1	
w req	CERTIFICATION	190 DATE OF OPE	RATION	IND. CON	DITION FOR WHI	ICH OPERATIO	N WAS PERF	ORMED	19th AU	TOP5Y7	20b. IF YE	S, WERE FINDI	INGS USED
he lon. Those is the permitty	1 %		(/	(				Time:	985	NOX		FYING CAUSE	S OF DEATH?
AN. T shysica ficate frons of Hyg		210 ACCIDENT WAS		1100110	A.M. MONTH	DAY YEAR	21c. HOW II	NJURY OCCUR	RED (ENTER	NATURE OF PASS	#1 m+ /TE/++ 18	PART I OR PART 2)	
HYSICI Iding p is cert burial Menta ar Item	MEDICAL	(IF EITHER, NOTIFY A	AEDICAL EXAMINES	1)	P.M. E OF INJURY	19	21f LOCAT	ION	-04	150	351		
G PH attendation of the condition of the conditional of the conditiona	ME		T WHILE WORK		STREET, FACTORY, OFFI	CE, FARM, ETC.)	STREE	et .		CITY OR TO	)WN	COUNTY	STATE
NDIN ol or use o Teolth is mo		220 I certify that	(this hospi		the deceased from	and I.	24	19.86	, to	11/	24	1900	that (I) (we) lost
ATTE ospite ECTO ed for of of firm 21		saw the dec	eased alive an	t) view the bod	ly alter death.		DEGREE .	(aur) apınian	death accur	red an liferd	ate and ha		E SIGNED
the h the h the h the DIR the Dep		Depa	al	m	Jans		M	ATENDING HYSICIAN	MEDICA	L STA	FF TIAN (	11	125/81
OSPITA ned by UNERA Id be di the Star		22d. PHYSICIAN	NAME (TYPE C	(RPRINT)	1/1/	91	22e. ADDRE	ent o	and.	Ones	n a	mes/	Hosp
O HOSPITA etained by TO FUNER, should be d with the Sto		GEO	KGE	= K	7/18	NAB	Ch	estar	tone	2	MI	2	1620.
BP	23a.	BURIAL, CREMATIC (SPECIFY) Remova	ON, REMOVAL	236. DATE	6-86	,	CEMETERY OR	CREMATORY	23d. LO	YORTOWN	10111	- YOUNTEL:	A PIA
a Grana G		JNERAL DIRECTO	2	111-2	0 00 1	d	W		TE REC'D. BY	REGISTRAR	25b. REGIS	TRAR'S SIGNA	TURE
DHMA - 16 60M 7/84 (VRA 15, 4)	F	ellocus	F.H.	Boy S	MA M	lingto	n. 111d.	2145[]	FCE-	- 1006	aria	Nemdoon	Pendale

STATE OF MARYLAND - STATE S CERTIFICATE OF DEATH BEGISTRAR REG. NO. 20. DATE KNOWN [] MONTH 2b. HOUR OF ESTI-JARling DEATH MATED AGE LIN YEARS | IF UNDER TYR IF UNDER 24 HRS 2d HOUR DATE OF BIRTH DATE LAST BIRTHDAY) MONTHS MONTH PRONOUNCED 10 86 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED WIDOWED DIVORCED HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS MIDDLE ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN) CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (d) 19th DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES . NO [] 21a FXTERNAL CAUSE WAS 216. TIME OF INJURY 216, HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR LINDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME, 21f LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE AT WORK 22a. I certify that I took charge of the remains described abave, held an Autopsy and in my opinion Inspection death resulted fram: Accident Suicide Homicide Undetermined manner Natural causes TITLE (SPECIFY) ACTUAL SIGNATURE EXAMINER'S NAME TYPE OR PRINT ADDRESS 23a.BURIAL, CREMATION, REMOVAL 23b. DATE 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) 20M 4/B2

OZOTAR MOVED 18 KALAN DOWNER COMMENT OF THE STATE Hale Out Suly 30 1924 Cet A making Control of the State of the Control of the On design hours of war pourse large fresher synathe sugar 1128 - Georgias Hillington V Bee Strategie 12 yes name fre passent is the bearing same no above Letter terrent beme dillington let. We in

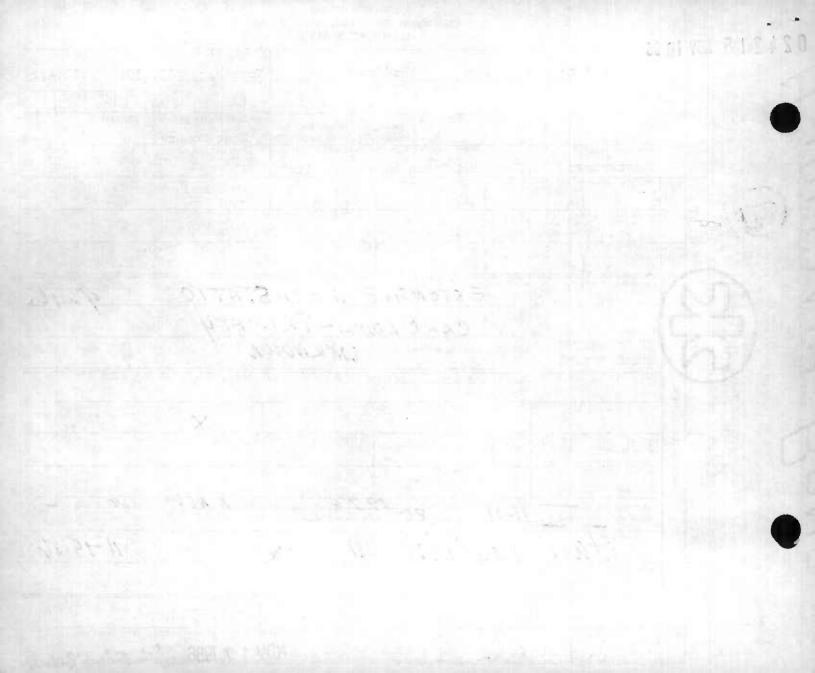
FOR

STATE OF MARYLAND

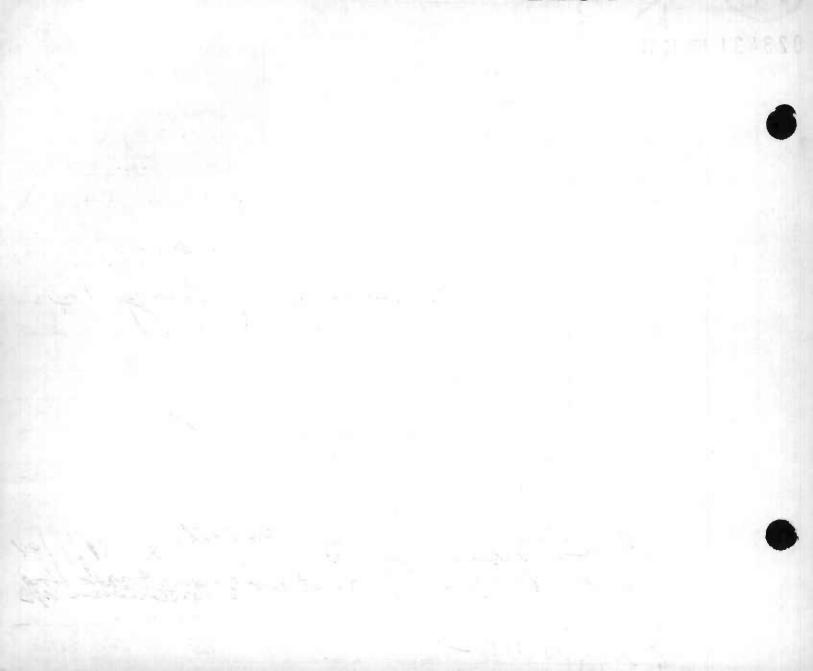
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO		
4	I DEC	PASED NAME	FIRST		MIDDLE	1	AST	2a. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
1	(TYPE	Ed	ith		May	Hadd	away	November	11.	1986	11:45am
١	3. SEX			4. RACE		S. DATE C		6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
1		Female		white		Apr	. 29 <sup>^</sup> , 19ŏ <sup>2</sup>	84	YRS.	MONTHS DATS	HOURS MIN.
-	76. BIR	THPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	B MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	TY OF DEATH	
		aryland	24.6	USA		WIDOWE	DIVORCED [	Kent Co			MD.
		Chesterto	wn	(IF NOT IN SUC Kent	and Quee	n Ann	e's Hospital	12a USUAL OCCUPA (TYPE OF WORK FOR MOS Housewi	LOF WORKING	12b. KIND C INDUSTRY	F BUSINESS OR
	13a S	RESIDENCE (IF NURS TATE ryland	ISB COUN Kent	VTY	GIVE RESIDENCE BEFORE  130 CITY OR TOWN  Lynch		13d. INSIDE CITY LIMITS? YES 🔼 NO 🗌	13e STREET ADDRESS	S / ZIP COI	DE 2.	1646
)	4. FA	THER'S NAME FIRST Wm. Th	omas	Selby	Rasin		15 MOTHER'S MAIDEN NA	ra Rash		LAS	iī.
	{Y	'AS DECEASED EVER es, no or unknown) <b>no</b>		MED FORCES? (E WAR OR DATES)	220 03 5		Frances H.		Lynch,		646
	N	18 CAUSE OF DEATH PART I. DEATH W	H (Enter or	nly ane cause per	line for (a), (b), and	dien	C 11 2 - 1	ATITI	0	APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
		PARTI. DEATH W		TE CAUSE (0)	CXICA	13/6	E META	0/14/1	C.	9	Lunger
1				DUE TO, O	R AS A CONSEQUE	NCE OF	ama-PR	IMARU		· ·	
1		Canditions, if any, gave rise to imn	which nediate	(b)_	CAR	UNU	IMKNOU	11/10/19			
d		cause (a), statin underlying cause		DUE TO, O	R AS A CONSEQUE	NCE OF	LONKNOW	on			
	6	PART 2 OTHER SIGN	VIFICANT	CONDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	NDITION G	SIVEN IN PART 1	0
d	NO			256	1813						
)	CERTIFICATION	19a. DATE OF OPERA	TION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	'ES, WERE FINDII TIFYING CAUSES YES [	
1	CER	21a. ACCIDENT WAS UNE	_	110110 1	OF INJURY .M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18	8 PART I OR PART 2)	
	CAL	OR CONTRIBUTING (IF EITHER NOTIFY MEDI		ALIH.	м.	19			9115		
Ų	MEDICAL	21d INJURY OCCUR!			OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC }	21f LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
H		AT WORK LAT WO	RK			,	973 19	to A N	00	10 800	4) 4 (1) (
		22a.   certify that (1) saw the decease	ed alive ar	11-11	19 &	6,0	nd that in (my) (our) opinion		date and h		that (I) (we) tast causes stated
H		22b. SIGNATURE	did) (d <del>id ne</del>	Triew the bady	after death.	00	DEGREE)			22c. DATE	SIGNED
i		ati	M	3 Pa	ulla	7	ATTENDING PHYSICIAN	MEDICAL ST	SICIAN	11-1	15-86
		Harry I					22e. ADDRESS Chestertow				
		URIAL, CREMATION,	REMOVAL				Pond Cem.	Still P	ond. N	Md COUNTY	STATE
	74 81	Burial MERAL DIRECTOR A	-	Nov 14				TE REC'D, BY REGISTRA			TURE
	1	HUAME OO	. 29	0000	1000544		wn, Md. N				
		1000	7	- CC	e_		111	0 1 1 130		he Trank	- Kantata

DHMH - 16 60M 7/84 (VRA 15, 4)



22121	1.	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		2000
23431 NOV		CEASED NAME FIRST	WIDDLE	LAST	REG. NO.	DAY YEAR 26. HOUR
by be oge 3 deoth		LAURA	M. HICK	MAN	November 1, 198	36 7 A.
aoy b	3. SE	Х	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHOAY)	IF UNDER LYEAR IF UNDER 24 HRS
se 4	1	Female	white	June 6, DAY 904 YEAR	82 YRS	MONTHS DAYS HOURS MIN.
eoth. Po		RTHPLACE (STATE OR FOREIGN COUNTRY)  rlin, Maryland	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED  NEVER MARRIED  WIDOWED  DIVORCED  DIVORCED	9 BALTIMORE CITY OR COUNTY Kent Co.	TY OF DEATH
of the fu	10.0	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)  h Main St.	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING Salesperson De	126. KIND OF BUSINESS OR INDUSTRY
24 hour could be f	. 13a	STATE 136 COU	PROTHER INSTITUTION GIVE RESIDENCE BEFORE INTY 136. CITY OR TOWN	ADMISSION) N 13d INSIDE CITY LIMITS? YES 2 NO	13e STREET ADDRESS / ZIP CO South Main St.	DE 21661
mpletely and 2 strong	1	ATHER'S NAME John Edwards R	MIDDLE LAST	15 MOTHER'S MAIDEN N. Alice Towns		LAST
Poges A		WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166. SOCIAL SECU NE WAR OR DATES! 222 16 82		S. Marins Str kman Rock Hall	reet , Md. 21661
ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or ottending physician.  The transcertificate has been signed by the ottending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages And 2 should be file than demand Hygiene prior to burial, cremation, or removal.	NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO			
on. hos been permit. I ene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
rYSICIAN: The liding physicion. s certificate has purial-transit pe Mental Hygiere mental Hygiere in tem 18 shaws		21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE  (IF EITHER NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH DA	YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 1	8 PART I OR PART 2)
DING PHYS or ottendir After this e os the bu	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
OSPITAL OR ATTENDI ed by the hospital or UNERAL DIRECTOR, 4 d be detached for use the State Dept. of Heal		sow the deceased alive of	oitol) ottended the deceased from_n	DEGREE  ATTENDING PHYSICIAN  27e ADDRESS	n deoth occurred on the dote and he  MEDICAL  MEDICAL  DIRECTOR PHYSICIAN  LOWERN A	19 that (I) (we) los our and from the causes stated
Bb————————————————————————————————————		BURIAL, CREMATION, REMOVA Burial	37 DATE 23 NOV 3, 1986	The OF CEMETERY OR CREMATORY Chester Cemetery	Chestertown,	Md.
DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	UNERAL DIRECTOR	JAPOREWI	llis Wells	TE REC'D. BY REGISTRAR 256. REGI	STRAR'S SIGNATURE



## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A	REGISTRAR				CERTIF	ICATE OF DEATH	REG. 1	VO.		
	1. DECEASED NAME	Robert		rederick		w <b>in</b>	November	17,1	L986	9:45 <sup>A</sup> .
1	3. SEX Male		4. RACE Cau	.C.	S. DATE C		6 AGE LINYEARS LAST B	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
5	70. BIRTHPLACE (STA Denton,		76. CITIZEN OF USA	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	BALTIMORE CITY  Kent Cou		TY OF DEATH	MD.
2	Chestert	own	Kent a	and Queen	Anne	's Hospital	126. USUAL OCCUPA DISTRICT	OF WORKING	ager De	F BUSINESS OR
7	SUAL RESIDENCE (130, STATE Maryland	113b COUI		GIVE RESIDENCE BEFORE		152   140	13. STREET ADDRESS	VZIP COI	DE 2	1651
0	William	ı F	MIDDLE	Trwi	n	15. MOTHER'S MAIDEN NAM In ES	Ga, WODIE		Robinst	bn
	160 WAS DECEASED		MED FORCES?	212-14-		17. INFORMANT Eleanor In	win wif		ame	
	Conditions, if gove rise to cause (a), underlying	any, which immediate stating the cause last	DUE TO, O  DUE TO, O  DUE TO, O  (b)  DUE TO, O	R AS A CONSEQUE	INCE OF	& due to	al vas	UD		MATE INTERVAL CHIST AND DEATH
2	19a. DATE OF O	PERATION	19b. CON	TION FOR WHICH	PRO	NOT RELATED TO THE TERM	20a AUTOPSY? YES NO	20b. IF Y	ES, WERE FINDIN TIFYING CAUSES YES [	NGS USED
	21a. ACCIDENT W	AS UNDERLYING	21b. TIME O		V VEAD	21c HOW INJURY OCCURR	(EU (ENTER NATURE OF IN)	URY IN ITEM 18	B PART I OR PART 2)	

210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.)

23b. DATE

21f LOCATION CITY OR TOWN STREET

220.1 certify that (1) (thus haspital) attended the deceased fram

and that in (my) (our) apinion death occurred an the date and have and from the causes stated

saw the deceased alive an above, (I) (4-2) (dyd) (did no 22b. SIGNATURE

ATTENDING MEDICAL PHYSICIAN DIRECTOR STAFF

STATE

COUNTY

Ross

516 Washington Ave. Chestertown

23d. LOCATION Tington, Kent, STATE

Burial 24. FUNERAL DIRECTOR

23a BURIAL, CREMATION, REMOVAL

MEDICAL

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE NOV 2 6 1986

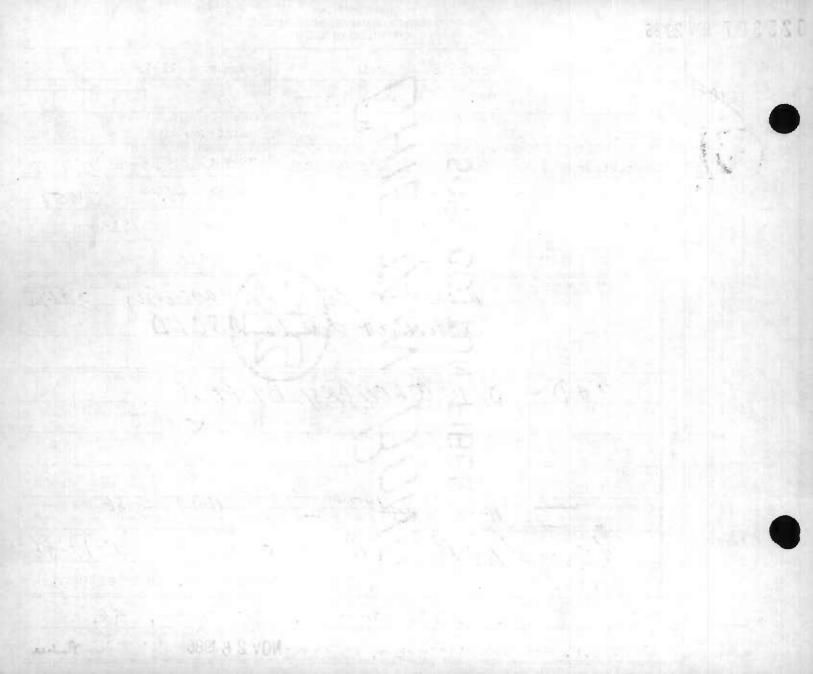
23c. NAME OF CEMETERY OR CREMATORY

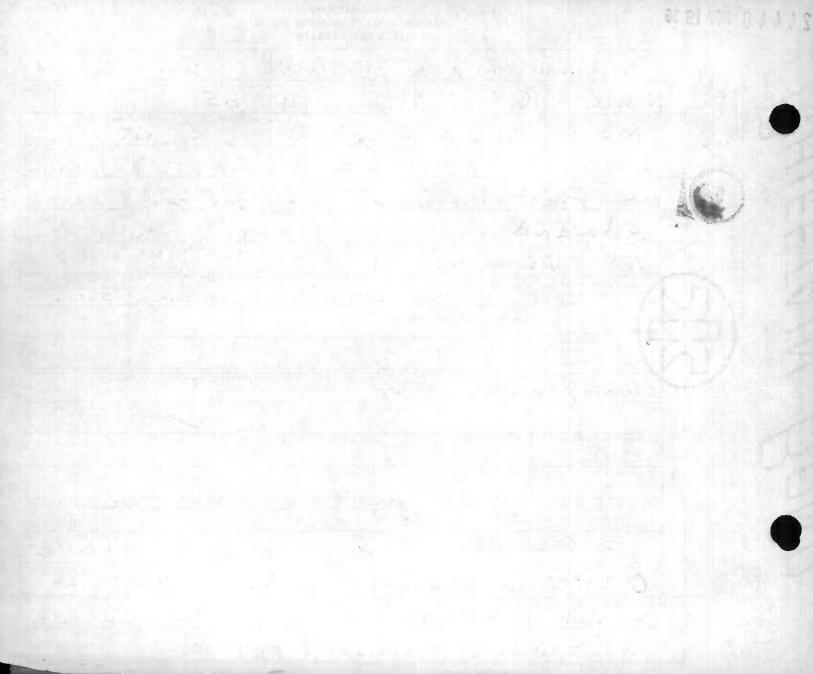
Asbury Cem.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

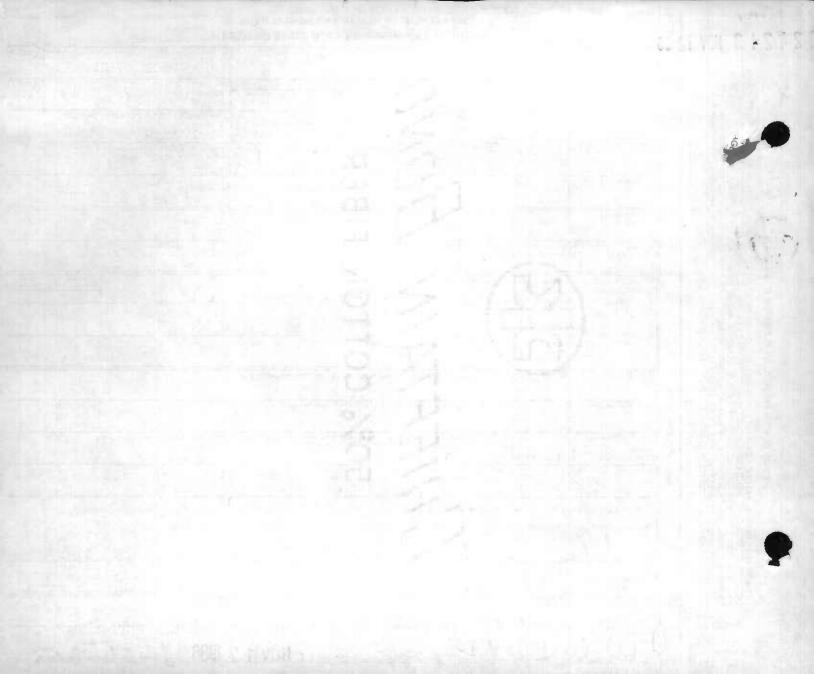
MPORTANT: If hem 21 is marked or hem 18





161	7	Lt	OR .	8d, 21D	, CHILU 2	DEPARTME	NT OF HEA	TH AND MEN	TAL HYGI	ENE O	3	2	00	0
12621	2 11011	1-	STATE ed. E		623,/Gb	DICAL EX	A SAINED	S CERTIFICA	TE OF D	EATH				
12424	3 NUV 18		EASED NAME	17/87	1415	MIDDLE	AMIINEK	1AST	ATE OF DI		REG. NO		CAY YEAR	Zb. HOUR
			OR PRINT)					ena,		2a. DATE OF	ESTI-			ZB. HOUR
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X H	SEC	3 SEX	4.	RACE	5. DATE OF BIRTH		AGE (IN YEARS I		UNDER 24 HR	RS. 2c. DATE PRONOUN	ICED .	MONIH	DAY YEAR	2d. HOUR 11:00
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ESSARY	RH RE	7a. BII	RTHPLACE (STAT	E OR	76. CITIZEN OF W	HAT COUNTRY	(? 8 M	ARRIED   NEVER	R MARRIED	9. BALTIM	ORE CITY OF	COUNTY	OF DEATH	
C E	reral director. For Your Files. Within 72 Hours Preston Street.	-	kertown	Penna.	USA				DIVORCED X		Count	V,		MD.
- 1	W N	. CI	Y OR TOWN OF	DEATH				OTHER INSTITUTIO	ON 120 U	USUAL OCCU	PATION (TYPE	OF WORK 12	b. KIND OF BU	USINESS
BAY	O W	-	esterto		Robert C		rm off	Rt. 291		Teache:			OK INDUST	KT
. 102 N	E 398		RESIDENCE (# ryland	136. COUN	OR OTHER INSTITUTION, C	13t. CITY OF	TOWN	13d. INSIDE CITY I	LIMITS? 13e. S	STREET ADDRE	SS		21620	
2 /2	숙박오망	_		Kent		Chest	ertown	_			2 Box 7	# 406		
2/1	11/2 A 2 3 2 3 12	II FA	THER'S NAME	. 1	AHOOLF .	LAS		15. MOTHER'S	S MAIDEN NA		NIDDLE	The same	LAST	
In the state of	WEST !	1	WII	nslow	Long				Barba	ra H	enry			
1 AL	2002	16a. W	AS DECEASED E	VER IN U.S. AR	MED FORCES?	16b. SOCIA	SECURITY NO	17. INFORMA	NT	Rte	# 2 Bo	0x # 4	406	
1999	SEA NO.	n		(10 125, 5112	TYAK ON DAKES,	220 5	2 0531	Winslo	w Lon		nestert		Md 216	20
2 2 2	SA FO		18. CAUSE OF I	DEATH (Enter an	ly one cause per lin	e for (a), (b), a	nd (c),)						APPROXIMAT BETWEEN ONSE	E INTERVAL
N 5	ENE ENE		PARTIDEAT	H WAS CAUSED	O BY: TE CAUSE (o)		Undet	ermined						
22	A Y GILL		1111			R AS A CONSE	DUENCE OF	1.1.180						
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W.	ON THE WAY		couse (o) st	ating the under-	< · · · ·	AS A CONSE	DUENCE OF							
201 UTED	N. ALAN		lying cause	lost.	(c)									
	PENDING" IN PENCIL IN ITEM 16 MEDICAL EXAMINER ALONG B AS A BURIAL - TRANSIT PERMI HEALTH AND MENTAL HYGIENE, I. CREMATION, OR REMOVAL.		PART 2 OTHER SIGN	FICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERMINAL D	SEASE OR CONDITION GI	IVEN IN PART 1 IGI.					
RECORDS,	ENDING MEDICAI AS A BL EALTH AN CREMAI	NO												
B G	東京を立っ十	CERTIFICATION	19a. DATE OF O	PERATION	196. COND	ITION FOR WH	ICH OPERATIO	N WAS PERFORME	ED?				20 AUTOPSY	3
OF VITAL	音を記して	FF											YES XX	NO 🗆
FV	N H N H N H N H N H N H N H N H N H N H	ER	210 EXTERNAL	CAUSE WAS	216. TIME C	FINJURY ( P. M. MONTH ( D.	stima	CHOW INJURY OF	CCURRED (EN	TER NATURE OF IN.	JURY IN ITEM 18 PA	ART I OR PART 2		
N S	H CONTRACTOR OF THE PROPERTY O		UNDERLYING	OR CAUSE OF I			1 1986			2				
SIO	DED TO 3 SHO	MEDICAL	21d INJURY OC			OF INJURY (		LOCATION	,	- :			Maxi	rland.
DIVISION	RDE 3	M	WHILE AT WORK	NOT WHILE	7	TORY, FARM, ETC.)			obert		wwFarm			y land
王	NE, WRITING THE WORD PE SRWARDED TO THE CHEE R: PAGE 3 SHOULD BE USED ESTATE DEPARTMENT OF HE ID, 21201 PRIOR TO BURRIAL ID, 21201 PRIOR TO BURRIAL		AT WORK	AT WORK	Troun	dinv		Rt. 29]	L, C	heste	rtown	, Ker	nt Co.	
<u> </u>	NE SE	m	22a I certify	that I took charg	e of the remains de	scribed abave,	held on A	utapsy 🔊 Ir	nspection L	. Inquiry	L, one	d in my apini	ian	
WIL	E E E		death resulted	Irom: Natur	ent courses. L.J	Ageident L	L Suicide	L. Homicide	e Un	determined mo	onner,			
<b>A</b>	AAR WAR		Acres A	00	01/	K. J.	h 1225	TITLE ISPEC	CIFY)					
7	# 5 ¥ £ # ->	5	SIGNATURE	ully	14111	Mul W	DIVA	MoAssist	tant "	EDICAL EXAM	INER	DATE SIGNED.	11-10	-86
MEDICAL	NO SE SI	-	EXAMINER'S N	AME D			_	7	11 D	. 01	D-31-	24.7	27.20	1
O A	EXECUTE THE CERTIFICATE, WR PAGE & SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALLWORE, MARYLAND, 2120		(TYPE OR PRINT	/	nis F. Sm			ADDRESS	ll Penr		Raito.	, Ma.	2120	1
5	DATE OF	23a.Bl	IRIAL, CREMATIC			23c. NA/	AE OF CEMETER	Y OR CREMATORY	Y 23d	LOCATION		COUNTY	ç	STATE
07/84 P	SP 5/1		rematio		11/13/86			Cemeter		Vilming	ton. D	el.		
25M	DHMH - 17	24. FL	NERAL DIRECTO	OR A A	1 ADDRES	J. Wil	lis Wel	1s 250	. DATE REC'D.	. BY REGISTRA	R 256 REGIS	TRAR'S SIG	NATURE	2.31
	R A15 ME (5))	>	+ (1)	(lho)	Ulles		rtown,		NOV 1	7 1986	Julia	Nicola	2.1	

CTATE OF MARKING



## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

FOR BREGISTRAR REG. NO 20. DATE OF DEATH MONTH LAST DECEASED NAME FIRST MIDDLE YEAR 26 HOUR THRE ON PRINTE Luther NMN Pearson 1986 november SEX 4 RACE DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR YEAR Male Cauc 1913 Ta. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) WIDOWED Kent County DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) COnstruction INDUSTRY Steel Chestertown Kent and Oueen Anne's Hospital ING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c. CITY OR, TOWN. 13 STREET ADDRESS ZIP CODE 13d INSIDE CITY LIMITS? 21651 lington YES [ NO4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Embert Joseph Pearson Mary ADDRESS. 60 .WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT Same Mary Emma APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BYneumonix IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOI YES [ NO [ 21b. TIME OF INJURY 21n ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 10 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF LOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) STREET SHEELE HO! WHILE 22a I certify that (I) (this hospital) ottended the deceased from and that in (my) apinian death accurred an the date and have and from the causes stated 226 SIGNATURE DEGREE 22r DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 27 PHYSICIAN'S NAME LTYPE OF PRI 22e ADDRESS 230. BURIAL CREMATION REMOVAL 23c NAME OF CEMETERY OR CREMATORY 236. DATE Burial Cemeter

Asbury

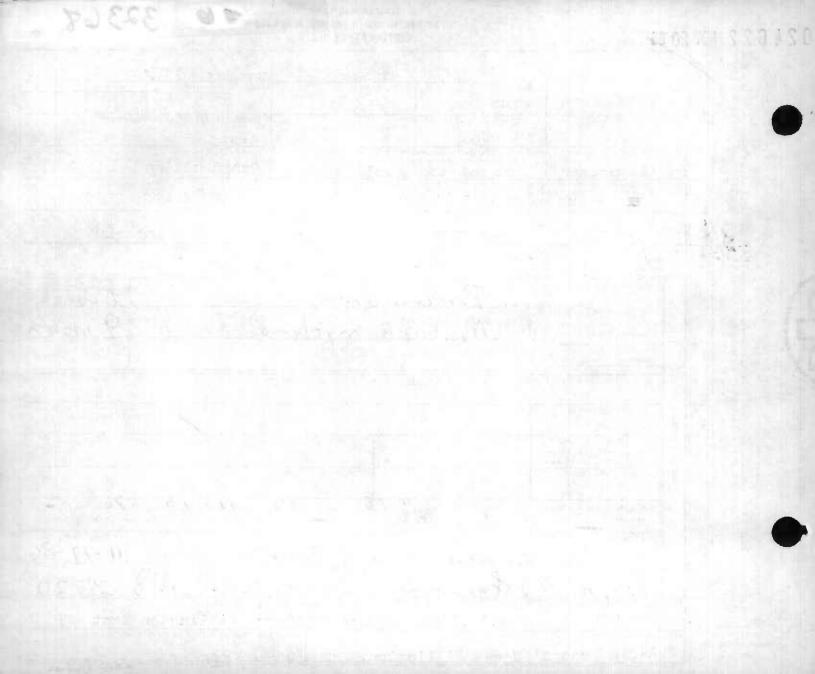
24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

Funeral Millington, MD Home

25g. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

ington



	<b>₱</b> ₿	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	B 6	<b>3</b> 2		7
e & £	1. DE	CEASED NAME OR PRINT)	FIRST		S.		illips	2a. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR 0600
oy be	0.05	Maı	ofs .		٥.			Nov. 2			
ge 4 m	3. SE	female	4.8	white	9	S. DATE O	6,1900 YEAR	6. AGE (IN YEARS LAST BI	YRS.	THS DAYS	HOURS MIN.
1 135	₹a Bi	RTHPLACE (STATE OR FOI DUNTRY) Md.		U.S.		MARRIE WIDOW]	D NEVER MARRIED	9 BALTIMORE CITY Kent		DEATH	м
100		or town of DEAT		NAME OF H	OSPITAL, NURSIN	G HOME (	DR OTHER INSTITUTION	17a. USUAL OCCUPA (TYRE OF WORK FOR MOST NOMEMAK	OF WORKING LIFE)	12b. KIND O INDUSTRY	F BUSINESS OI
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13a. S	Md.	NG HOME OR OTH 136 COUNTY Kent		GIVE RESIDENCE BEFORE 130. CITY OR TOWN Sudler:	N	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS Churc	h St.	2	1668
one 2 s	14. FA	William	MIDD	E .	Slacum		15 MOTHER'S MAIDEN NAM	Jane Jane		Lang	ford
n and co		VAS DECEASED EVER II VES, NO OR UNKNOWN) NO	N U.S. ARMED (IF YES, GIVE WAI		212104		Jane S. Hou	asewright	Box	234 lersy	ille N
that by sose of, ce		underlying couse	last.	(c)	AS A CONSEQUE						
gned in ple burio	-	PART 2 OTHER SIGN	IFICANT CON	IDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GIVEN	IN PART 1(c	11
n. n. no requires 1 n. no been signed permit. Then ple ne prior to buric ws ony injury, or	IFICATION	PART 2 OTHER SIGN					NOT RELATED TO THE TERM	20a. AUTOPSY?	20b. IF YES, W	ERE FINDING CAUSES	GS USED OF DEATH?
ICIAN: The low requires to a physician.  Physician cold-transit permit. Then plan into Hygiene prior to burior to bu	AL CERTIFICATION	190 DATE OF OPERAT  210. ACCIDENT WAS UNDE	RLYING AUSE OF DEATH	19b. CONDI 21b. TIME OI HOUR A.A	TION FOR WHICH FINJURY M. MONTH DA	OPERATIO		200. AUTOPSY?  YES NO	20b. IF YES, W IN CERTIFYIN YES	ERE FINDING CAUSES	GS USED
uG PHYSICIAN: The low requires to ottending physician. Iter this certificate has been signed as the burial-transit permit. Then ple hand Mental Hygiene priar to burial-tried or them.	MEDICAL CERTIFICATION	190 DATE OF OPERAT	ERLYING AUSE OF DEATH LEXAMINER)  ED	21b. TIME OF HOUR A./ P.A. 21e PLACE C	TION FOR WHICH FINJURY M. MONTH DA M.	OPERATIO AY YEAR 19	N WAS PERFORMED	200. AUTOPSY?  YES NO	70b IF YES, W IN CERTIFYIN YES [ URY IN ITEM 18, PART I	ERE FINDING CAUSES	GS USED OF DEATH?
HYSICIA nding p his certif burial-i d Mental		210. ACCIDENT WAS UNDER  210. ACCIDENT WAS UNDER  OR CONTRIBUTING C.  (IFEITHER, NOTIFY MEDICA  21d. INJURY OCCURRI  WHILE NOT WHAT WORK  220. I certify that (1) ( saw the decease above, (1) (we) (4)	ERLYING AUSE OF DEATH LEXAMINER)  ED  this hospitol)  d olive on	19b. CONDI 21b. TIME OF HOUR A.P. P.A. 21e PLACE C (AT HOME, STRI	FINJURY M. MONTH DA A.  DF INJURY EET, FACTORY, OFFICE, FA	OPERATIO  Y YEAR  19  ARM, ETC.}	N WAS PERFORMED  21c. HOW INJURY OCCURS	200. AUTOPSY? YES NO CITY OR TO	20b IF YES, WIN CERTIFYIN YES URY IN ITEM 18, PART I	COUNTY	GS USED OF DEATH? NO  STATE
OR ATTENDING PHYSICIA e hospitol or ottending p JIRECTOR: After this certif ched for use os the burioli- cipel of Health and Mentoli Pept. of Health and Mentoli frem 21 is morked or term		21g. ACCIDENT WAS UNDER OR CONTRIBUTING C. (IF EITHER, NOTIFY MEDICA 21d. INJURY OCCURRI WHILE NOT WHAT WORK AT WOR 22a. I certify that (I) ( saw the decease obave, (I) (we) (di 22b. SIGNATURE	ERLYING AUSE OF DEATH LEXAMINER) ED  this hospital) d alive an d) (did nat) yi	21b. TIME OI HOUR A./ P.A. 21e PLACE ( (AT HOME, STRI ottended the	FINJURY M. MONTH DA A.  DF INJURY EET, FACTORY, OFFICE, FA	OPERATIO  AY YEAR  19  ARM, ETC.)	216. HOW INJURY OCCURS  216. LOCATION STREET  19 ad that in (my) (our) opinion of the physician in the physician is presented.	200. AUTOPSY? YES NO CITY OR TO	20b IF YES, WIN CERTIFYIN YES URY IN ITEM 18, PART I	COUNTY	GS USED OF DEATH? NO  STATE  that (I) (we) lose causes stated
OR ATTENDING PHYSICIA e hospitol or ottending p JIRECTOR: After this certif ched for use os the burioli- cipel of Health and Mentoli Pept. of Health and Mentoli frem 21 is morked or term		210. ACCIDENT WAS UNDER  210. ACCIDENT WAS UNDER  OR CONTRIBUTING C.  (IFEITHER, NOTIFY MEDICA  21d. INJURY OCCURRI  WHILE NOT WHAT WORK  220. I certify that (1) ( saw the decease above, (1) (we) (4)	ERLYING AUSE OF DEATH LEXAMINER)  ED  LE AUSTRIAN  AUSTRIAN  LE AUSTRIAN  K  LE AUSTRIAN  ME (TYPE OR PRIM	21b. TIME OI HOUR A./ P.A. 21e PLACE ( (AT HOME, STRI ottended the	FINJURY M. MONTH DA A.  DF INJURY EET, FACTORY, OFFICE, F,  deceosed from  office death.	OPERATIO  AY YEAR  19  ARM, ETC.)	71c. HOW INJURY OCCURS 21f. LOCATION STREET  , 19 and that in (my) (our) opinion of	200. AUTOPSY?  YES NO CITY OR TO  CITY OR TO  death accurred an the  DIRECTOR PHYS	20b IF YES, WIN CERTIFYIN YES URY IN ITEM 18, PART I	COUNTY  COUNTY  COUNTY  COUNTY  COUNTY	GS USED OF DEATH? NO  STATE  that (I) (we) los couses stated SIGNED
OK ATTENDING PHYSICIA be hospital or after this certificated of the purion of the puri	WEDICAL WEDICAL	19a DATE OF OPERAT  21a. ACCIDENT WAS UNDER OR CONTRIBUTING C. (IFEITHER, NOTIFY MEDICA 21d. INJURY OCCURRI WHILE NOT WHAT WORK NOT WHAT WORK  22a. I certify that (1) (saw the decease abave, (1) (we) (di 22b. SIGNATURE  22d. PHYSICIAN'S NAI	EMOVAL 7	21b. TIME OI HOUR A./ P.A. 21e PLACE ( (AT HOME, STRI ottended the	TION FOR WHICH  FINJURY  M. MONTH DA  A.  OF INJURY  EET, FACTORY, OFFICE, FJ  office death.	OPERATIO  Y YEAR  19  ARM, ETC.)	211. LOCATION STREET  19 ad that in (my) (our) opinion of the physician Physician 1226 ADDRESS	200. AUTOPSY?  YES NO CITY OR TO  CITY OR TO  death accurred an the  DIRECTOR PHYS	20b IF YES, WIN CERTIFYIN YES [ URY IN ITEM 18, PART I	COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY	GS USED OF DEATH? NO  STATE  that (I) (we) los causes stated SIGNED

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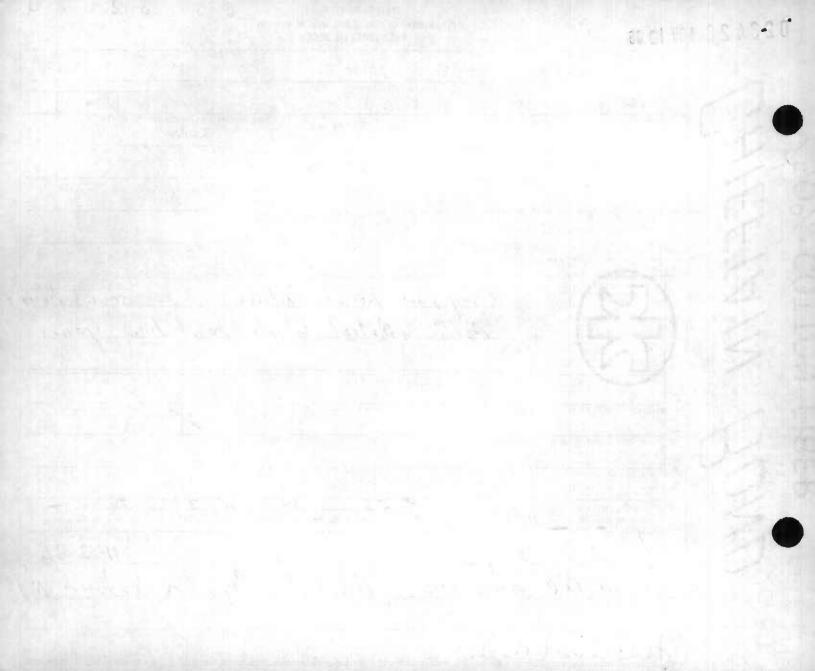
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

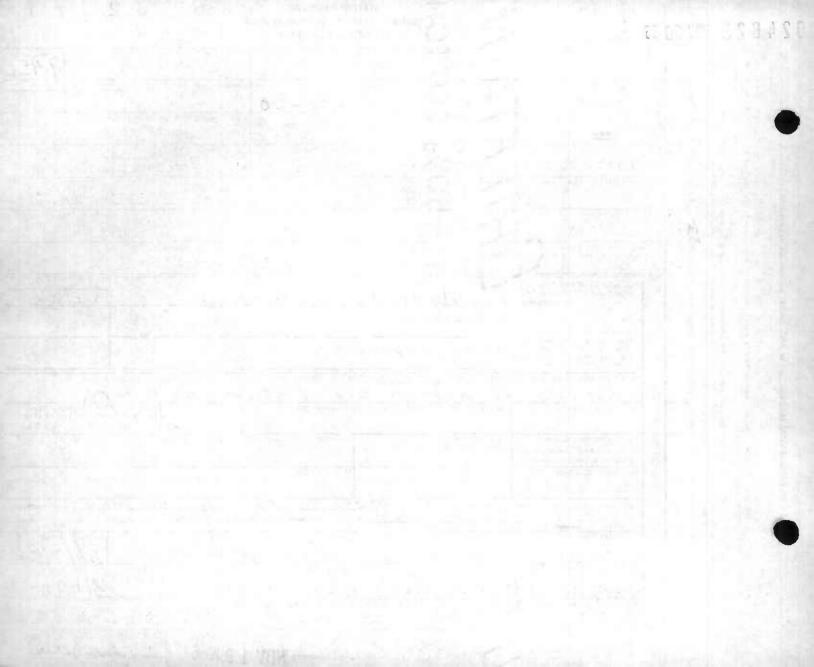
V	Ca	V	1	Seal.

7	REGINDAR			CERTIF	ICATE OF DEATH	REG	NO.			
ı	1. DECEASED NAME FIRST		MIDDLE	i	AST	20. DATE OF DEATH		DAY	YEAR	26 HOUR A
١	(TYPE OR PRINT)  Doroth	ny :	Estelle	Pi	nder		11	3	86	12:50
ı	3. SEX	4. RACE		5. DATE C		6. AGE (IN YEARS LAST	BIRTHDAY)		ER I YEAR	IF UNDER 24 HRS
ı	Female	white		Sept.		83	YRS	MONTHS	DAYS	HOURS MIN.
1	To. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY	OR COUN		EATH	
1	Maryland	I	JSA	WIDOWE		K	ent			MD.
r	18 CITY OR TOWN OF DEATH				OR OTHER INSTITUTION	12a USUAL OCCUP		12b	. KIND OI	F BUSINESS OR
4	Chestertown	The Ken	t&Queen's	Hosp	oital Inc.	Home mal	ter		001111	
4	USUAL RESIDENCE (IF NURSING HOME O		136 CITY OR TOW		13d. INSIDE CITY LIMITS?	13e.STREET ADDRES	S / ZIP CC	DE		
7	Maryland Ker		Worton		YES NO XX		n Poi		216	78
	FATHER'S NAME	MIDDLE	LAST	ROTE.	15. MOTHER'S MAIDEN NAM	AE MIDDLE			LAST	
1	Elwood Kendal	1				well				
	160 WAS DECEASED EVER IN U.S. AL	RMED FORCES?	166 SOCIAL SECU		17. INFORMANT	RFD	Green	Poi	nt	
d	no		218 20 6	332	Betty C. Sim	pers Wort	on, M			
d	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly one couse per	line for (a), (b), one	d ici.	1 10	1			BETWEEN	MATE INTERVAL DISET AND DEATH
		TE CAUSE (a)	ongesh	era	hear! tail	une		5	eul	I hour
1	The second second second	DUE TO, O	R AS A CONSEQUE	NCE OF	1.1.1.1	1 /	1	,		
ı	Conditions, if any, which	(b)	Horhe	JE DI	ntan Valui	1/4- 100	rt d	Wen	4	ears
ı	gove rise to immediate cause (a), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF					1	
1	underlying cause lost.	(c)								
1	PART 2. OTHER SIGNIFICANT	conditions <u>co</u>	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NOITIDAC	SIVEN IN	PART 10	o .
	0									
	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING [	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?				OF DEATH?
	AT I					YES NO		YES		NO 🗌
1	OR COLUMNIA CALICE OF OR	4100110 4	FINJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF	NJURY IN ITEM I	8 PART I O	RPART 2)	
	(IF EITHER, NOTIFY MEDICAL EXAMINE	R) P.		19						
	(IF EITHER, NOTIFY MEDICAL EXAMINE	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC )	21f. LOCATION STREET	CITY O	RTOWN	C	YTAUC	STATE
ı	AT WORK NOT WHILE AT WORK			7					-	
	22a.1 certify that (1) (this hasp			36 0	19 79		3	_, 19_€		that (1) (🖚) last
ı	saw the deceased alive at above, (1) ( ) (did) (	ot wew the body			nd that in (my) ( ) apinion o	deoth accurred an thi	date and h			
	22b. SGNATURE	/			DEGREE ATTENDING	MEDICAL _ S	TAFF	2	2c DATE	SIGNED
	1. 2/1/	Ilm	ann	0	PHYSICIAN		SICIAN		11	3.86
	Wayne D	Sont	amis		Medical Of	Tlda.	Cho	ske	- lo	bm ar
	23a BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	Chester	torm	Macou	NTY	STATE
	(SPECIBURIA1	11/5/		nester						
	24 FUNERAL DIRECTOR	1.10	ADDRESS		rs werrs	REC'D. BY REGISTR	AR 25b. REG	ISTRAR'S	SIGNAT	URE
1	7 CU Millio	Wel	Che	estert	own, Md. NOV	- 7 1986	ulia	Dand	m. Ra	marea

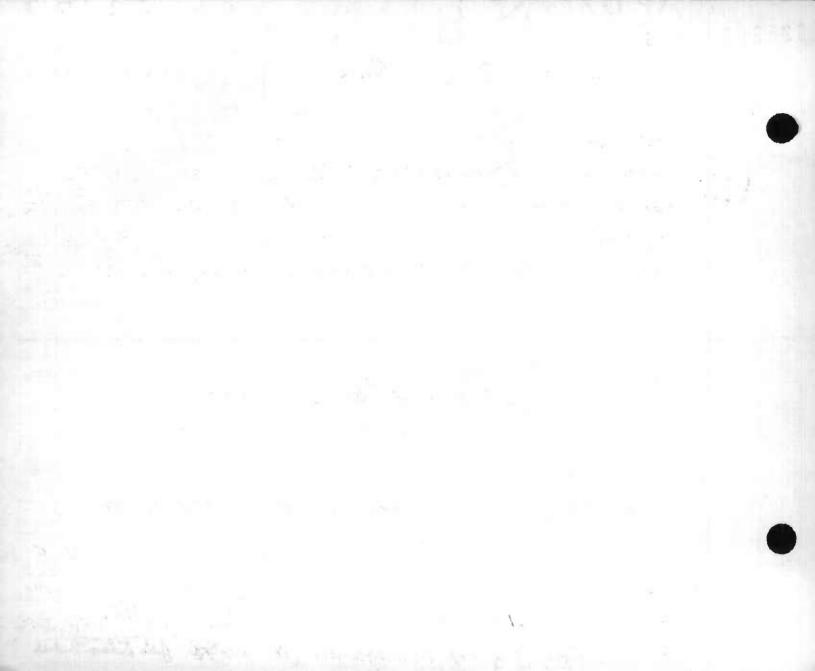
DHMH - 16 60M 7/84 (VRA 15, 4)



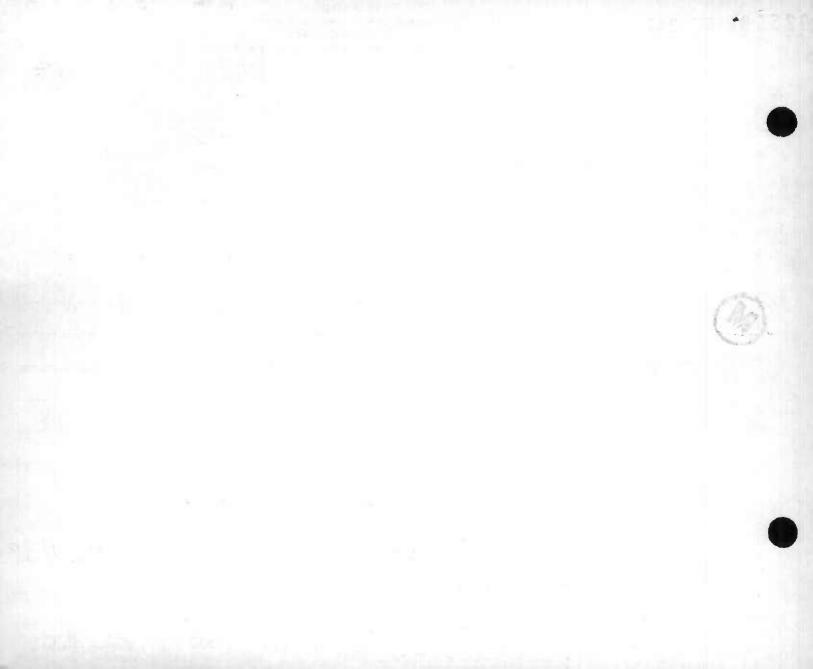
024623 NOV 20	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	SIENE REG. NO.	2 3 / 1
	1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
tor, page 3	James	vernon Re	eynolds	November 12,	, 1986 9:45 <sub>4</sub>
moy moy	3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
rector,	Male	Cauc.	11 - 17 - 20	65 YRS	MONTHS DAYS HOURS MIN.
a pog	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
funeral thirty	HANK MD	USA	WIDOWED DIVORCED	Kent	MD
0 0 2 0	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
\$ FD (5)	Chestertown	Chestertown	Kent&Queen Ann	(TYPE OF WORK FOR MOST OF WORKING LIFT)	n Delmarva
ND 2120 24 hour	13a STATE 13b CC	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE A DUNTY 13c. CITY OR TOWN 111111ng	13d. INSIDE CITY LIMITS?	Crane ST Mil	Power 2/65
RYLA within within d 2 sh	14 FATHER'S NAME		15. MOTHER'S MAIDEN NA	ME	
E, MARYLAI cuted within completely is 3 and 2 sh	Clifton	Reynolds	Ruth	MIDDLE	orts
ORE, MA executed and comp	160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SECUR		ADDRESS	7 -to V 1607
be exect on ond or s. Poges		SIVE WAR OR DATES) 221-09-7	7876 Catherin	e Reynolds Si	AME
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201  NG PHYSICIAN; The low requires that the death certificate be executed within 24 hours oftending physicion on completely filled in by the this certificate has been signed by the attending physician and completely filled in by as the buriol-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filled in by the advanced Membal Hygiene prior to buriol, cremation, or removal.	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUEN  (b)  DUE TO, OR AS A CONSEQUEN  (c)  T CONDITIONS CONTRIBUTING TO DE  196. CONDITION FOR WHICH CO	ATH BUT NOT RELATED TO THE TERM	200 AUTOPSY? 200. IF YES	WERE FINDINGS USED YING CAUSES OF DEATH?
JEVITAL R IAN: The laphysicion. Hificote hos Litronsit pe Jungiene	710. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR	YES NO YE  RED (ENTER NATURE OF INJURY IN ITEM 1B, P	
ON OF VITA  IYSICIAN: Th ding physicic sis certificate buriol-tronsif Mental Hygii		PLAIN	YEAR		
DIVISION OF VI' DING PHYSICIAN; or offer this certificate os the buriol-tron oith and Mental Hymorked and Mental Hym	VITE AT WORK AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR	21f. LOCATION	CITY OR TOWN	COUNTY STATE
A See E	22a.1 certify that (I) (this ha	spital) attended the deceased fram	9/24/ 1975	10 11 12	1986 that (1) ( last
A ATTEN hospitol RECTOR. RECTOR ed for us pt. of He em 21 is	saw the deceased alive	on 3-26 not) view the body ofter death.	and that in (my) apinion	death occurred on the date and hav	
A P P P P P P P P P P P P P P P P P P P	226. SIGNATURE	not) view tile body offer deom.	DEGREE		22c. DATE SIGNED
TAL O y the RAL DI detach tote De	1 ass.	DO lond	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR   PHYSICIAN	11/17/86
HOSPI ined b FUNE wid be the S	22d. PHYSICIAN'S NAME (TYPE	e OR PRINTI	22e ADDRESS	BM and	2/620
OT reto	230. BURIAL, CREMATION, REMOV Burial	AL 236 DATE 236 NA	ME OF CEMETERY OR CREMATORY OURY Cemetery	23d LOCATION WITH OR TOWN	"Kent MD" ATE
DHMH-16 60M 1/73	24. FUNERAL DIRECTOR	4000000	25a. DAT	E REC'D. BY REGISTRAR 256. REGIST	
(VR A 15 (4))	Fellows Fune:	cal Home Milling	rton, MD NOV	1 9 1986 Julia Da	inder Ludnes



25396 NOV	29 1	FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO.	3 2 3 1 2
2 T 4 2 1		CEASED NAME OR PRINT! Corbett	B <sub>9</sub>	Riner		21-86 12 PM
ge 4 mo	1.5E	m	1. RACE Cauc	5. DATE OF BIRTH  MONTH DAY YEAR  15 20		MONTHS DAYS HOURS MIN.
Part of the state		RTHPLACE ISLANDONION COUNTRY CONTRY CST. V.A.	75. CITIZEN OF WHAT COUNTRY	WIDOWED DIVORCED		MD.
100	Ch	estertown /	magnoto Hall	NURSING HOMP	120 USUAL OCCUPATION (1) YPE OF WORK FOR MOST OF WORK	IZE. KIND OF BUSINESS OR INDUSTRY
100	134	STATE . N36 COU	R OTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 130 CITY OR TOV	MN 134. INSIDE CITY LIMITS?		SOUTH BOX 385
Tond 2	08	ROBERT	RINE	S. MOTHER'S MAIDEN NA	MIDDLE  ADDRESS	BOON
Poger	14		rmed forces? 166. Social sector was a sector of the sector	-7428 MARY Elle	. 0	STERTOWN MD  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEALH
ures that the death certifical agency by the attending physical properties of the pr	z	PART I. DEATH WAS CAUSE IMMEDIA  Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF THE CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	4 4/ 11	11 months
he low red on. permit The sea prior to	CERTIFICATION	194 DATE OF OPERATION	196 CONDITION FOR WHIC	HOPERATION WAS PERFORMED	20a AUTOPSY? 20b.	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?  YES NO NO
SICIAN. TI og physicis certificate recitrams entral Hygi-	100	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE  (IF EITHER, NOTIFY MEDICAL EXAMINE	ATH HOUR A.M. MONTH I	DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2]
NG Phry other this as the bu th and M	MEDICAL	21d. INJURY OCCURRED  NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
AL OR ATTEND AL DRECTOR J AL DRECTOR J denothed for use of Dept. of Heal TI. if Nem 2 I is m		saw the deceased alive are above, (1) we) (did) (did) (did) (22b. SIGNATURE	of view the body after death.		MEDICAL STAFF DIRECTOR PHYSICIAN	thau and from the couses stated  22c. DAJE SIGNED
O HOSPITAL Intoined by III TO FUNEFAE Inford be det			RG55 M.P.	27e. ADDRESS SIC Wa		Ches forton Md
BP		BURIAL, CREMATION, REMOVAL		Silver brook Crem	23d. LOCATION WITHORTOM	n N. C. Delewara
DHMH - 16 50M 4/83		UNERAL DIRECTOR	Box 270 ADDRESS		OV 2,6-1986	he Buston Rudall



DEC -	218	60R STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENE REG. NO	<b>.0                                    </b>	3 / 3
2		CEASED NAME FIRST RACHEL		ERMAN	ı	AST	November 19		26. HOUR 12 06 A
	3. SE.	x Female	*RACE white		S. DATE C	ber 21 1907	6. AGE HINYEARS LAST BIR		TYEAR IF UNDER 24 HRS UAYS HOURS MIN.
35		RTHPLACE ISTATE OR FOREIGN	USA	WHAT COUNTRY?	WIDOWE		9 BALTIMORE CITY O		ME
5/	С	nty or town of death hestertown	Kent &	Queen An	ffie <sup>ss)</sup> Ho	prother institution spital	(TYPE OF WORK FOR MOST O Housewife	FWORKING LIFE) INDU	IND OF BUSINESS OR
35	13a. S Ma	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COUR ryland Kent	VIY	GIVE RESIDENCE BEFORE  130 CITY OR TOW  Chesterto	ADMISSION)	13d INSIDE CITY LIMITS? YES NOW	13e STREET ADDRESS / RFD Tolches	ZIP CODE ster Este	21620
1	14. FA	ATHER'S NAME Benjamin	MIDDLE Bur	ns LAST	41.73	15. MOTHER'S MAIDEN NA	WIDDLE		t Known
медісо	16a. V	VAS DECEASED EVER IN U.S. AR	MED FORCES?	218 12 8		Martin Sherma	n RFD Tolo	chester Md.	Chester town
es gay injury, or othe	CERTIFICATION	couse (a), storing the underlying couse lost.  PART 2. OTHER SIGNIFICANT (	(c) CONDITIONS <u>CC</u>		DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, WERE F	FINDINGS USED AUSES OF DEATH?
7	2.00	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE-		M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	YES NO	YES THE TEM IS PART FOR PA	NO [
/	1 2	I A ETILIER MOTAL MEDICAL ENVIRONMENT			17				
	MEDICAL	21d. INJURY OCCURRED  HILE NOT WHILE AT WORK  22a.1 certify that (I) (this haspi	- 1	EET, FACTORY, OFFICE, F.	-	214 LOCATION STREET	CITY OR TO	wn COA	NIY STATE



A-2.U

Md. Kent Chester

GEORGE Wilson

Yes

(3

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

White  What  City or town of Death  White  White	1tbank OF BIRTH  11	REG. NO.	
Rudolph Edward  4 RACE  white  White  May  White  W	OF BIRTH	20. DATE OF DEATH MONTH DAY YEAR	26 HOUR
White May  White May  Kent Co. Maryland USA  CITY OR TOWN OF DEATH  CHESTERON ROME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION  CHESTER MIDDLE  FATHER'S NAME FIRST  WILLIAM E. WILLDAM  FATHER'S NAME FIRST  WILLIAM E. WILLDAM  WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN)  (YES, ON OR UNKNOWN)  IF YES, GIVE WAR OR DATES)  18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), ord (c))  PART DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (b)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate cause lat, stoting the underlying cause last.  19 DATE OF OPERATION  19 DATE OF OPERATION  19 CONTRIBUTING TO DEATH BY  CITY OR TOWN  CHESTER ADMISSION  IND  DUE TO, OR AS A CONSEQUENCE OF  LOW  CONTRIBUTING TO DEATH BY  CONTRIBUTING TO DEATH BY  CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTIFY MEDICAL EXAMINER)  P.M.  210 ACCIDENT WAS UNDERLYING  CRONTERBUTING CAUSE OF DEATH (IF ETHER NOTIFY MEDICAL EXAMINER)  P.M.  210 INJURY OCCURRED  WORK  2110 INJURY OCCURRED  WHILE WORK  2120 I Certify that (1) this hospital) or indeed the decrease of the control of the contr		November 1, 1986	8:10r
Rent Co. Maryland  CITY OR TOWN OF DEATH  CITY OR TOWN OR STREET ADDRESS!  CHARLES DEFORE ADMISSION  CHEST  CHARLES DEFORE ADMISSION  CHEST CONTROL  COMMITTED  CITY OR TOWN OR TOWN  CHEST CONTROL  COMMITTED  CITY OR TOWN OF DEATH  CITY OR AS A CONSEQUENCE OF DEATH  COMMITTED  COMMITTED  COMMITTED  CONTRIBUTING OR CAUSE OF DEATH  CITY OR AS A CONSEQUENCE OF DEATH  CITY OR CONTRIBUTING OR CAUSE OF DEATH  CITY OR CAUSE OR CAUSE  CITY OR CAUSE  CI	21 TO27 TEAR	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR	AR IF UNDER 24 HE
Rent Co. Maryland  CITY OR TOWN OF DEATH  CITY OR TOWN OR DIVERSING MOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION  CREST  WILLIAM  FATHER'S NAME  FIRST  WILLIAM  FATHER'S NAME  THE STATE ADDRESS'N  TO CHERE SIZE FEET FACIORY, OFFICE, FARM. E'C.)  TO CONTRIBUTING  TO CONT	21, 192/	59 YRS	NOUNS MI
Kent Co. Maryland USA  CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS)  Chestertown  SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION STATE  STATE  Maryland  FATHER'S NAME  FIRST  WIlliam E. Wiltbank  13. CITY OR TOWN Chestertown  FATHER'S NAME  FIRST  WILLIAM  FATHER'S NAME  FIRST  WILLIAM  IN WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN)  IN FYES, GIVE WAR OR DATES)  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ord (c))  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (b)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate cause last.  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate cause last.  19. DUE TO, OR AS A CONSEQUENCE OF  LO OR AS A CONSEQUENCE OF  19. DATE OF OPERATION  19. CONTRIBUTING TO DEATH BY  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  210. ACCIDENT WAS UNDERLYING TO AUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  210. INJURY OCCURRED  WORK  211. NAME OF HOSPITAL, NURSING HOME  113. NAME OF HOSPITAL, NURSING HOME  114. NAME OF HOSPITAL, NURSING HOME  115. NAME OF HOSPITAL, NURSING HOME  116. NAME OF HOSPITAL, NURSING HOME  116. NAME OF HOSPITAL, NURSING HOME  117. NAME OF HOSPITAL, NURSING HOME  118. CAUSE OF DEATH  119. CONTRIBUTING TO DEATH BY  119. ACCIDENT WAS UNDERLYING TO HOUR A.M. MONTH DAY YEAR  119. ACCIDENT WAS UNDERLYING TO HOUR A.M. MONTH DAY YEAR  119. ACCIDENT WAS UNDERLYING TO HOUR A.M. MONTH DAY YEAR  119. ACCIDENT WAS UNDERLYING TO HOUR A.M. MONTH DAY YEAR  119. ACCIDENT WAS UNDERLYING TO HOUR A.M. MONTH DAY YEAR  119. ACCIDENT WAS UNDERLYING TO HOUR A.M. MONTH DAY YEAR  119. ACCIDENT WAS UNDERLYING TO HOUR A.M. MONTH DAY YEAR  119. ACCIDENT WAS UNDERLYING TO HOUR A.M. MONTH DAY YEAR  119. ACCIDENT WAS UNDERLYING TO HOUR A.M. MONTH DAY  119. ACCIDENT A.M. MONTH DAY  119. AC	ED NEVER MARRIED	- 9 BALTIMORE CITY OR COUNTY OF DEATH	
Chestertown  Chestertown  Chestertown  Chestertown  Chestertown  Chestertown  Chestertown  Chestertown  Chestertown  FATHER'S NAME FIRST  William E. Wiltbank  LAST  LAST  Wiltbank  LAST  Wiltbank  LAST  Wiltbank  LAST  Wiltbank  LAST  LAST  Wiltbank			
The stephone of other institution of the residence before admission state with the country of the stephone of other institution of the residence before admission of the stephone of other institution of the stephone admission of the stephone of the stepho	OR OTHER INSTITUTION	12a USUAL OCCUPATION 12b KIND (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTR	OF BUSINESS
Maryland   13b COUNTY   13c CITY OR TOWN Chestertown   13c CITY OR TOWN CHESTOWN   13c CITY OR TOWN CHESTOWN	s Hosp. Inc.		(1
FATHER'S NAME FIRST  William E. Wiltbank  15 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, OIVE WAR OR DATES)  18 CAUSE OF DEATH lEnter only one cause per line for (a), (b), ord (c') PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), storing the underlying cause lost.  190 DATE OF OPERATION  190 DATE OF OPERATION  190 DATE OF OPERATION  190 DATE OF OPERATION  191 CONTRIBUTING TO DEATH BY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  210. INJURY OCCURRED  210. INJURY OCCURRED  211 PLACE OF INJURY (AI HOME STREET FACTORY, OFFICE, FARM E'C) 212. I certify that (1) this hospital) or indeed the deceased live on	138. INSIDE CITY LIMITS	S?   13. SIREET ADDRESS & ZIP CODE 853	21620
William E. Wiltbank  Was deceased ever in U.S. Armed Forces? (YES, NO OR UNKNOWN)  (IF YES, GIVE WAR OR DATES)  18 CAUSE OF DEATH IEnter only one cause per line for (a), (b), ord (c).  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a).  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate cause (a), stoting the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF  UNDESTANCE OF DEATH BY  DUE TO, OR AS A CONSEQUENCE OF  IB).  PART OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  210. INJURY OCCURRED  TO DEATH OF OPERATION  210. INJURY OCCURRED  WHILE CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  210. INJURY OCCURRED  WHILE CAUSE OF INJURY (A) MOME STREET FACTORY, OFFICE, FARM, E'C)  220.1 certify the CONSEQUENCE of the consequence	15. MOTHER'S MAIDEN		
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216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR OF LITTLE OF INJURY OF COURSED  216. INJURY OCCURRED  216. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, E'C.)  220.1 certify that (1) this hospital) or include to decrease the live and saw the electory of the course of the c	NOT RECAYED TO THE T	TERMINAT DISEASE ON CONDITIONS SIZEN IN PART  1201 AUTOPAT 1201 IF YES, WEBERING	DINES USED
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saw the deceased white an 1086	6 10 1	86 Nov 1 86	, may (h_pwe) l
228. STRATURE Myoung	aur) opir	nion death accurred on the date and hour and from th	
Deorge M Young			TE YIGNED
274 PHYSICIAN'S NAME (THE OF PART)	DEGREE	MEDICAL STAFF  DIRECTOR PHYSICIAN	11/8/
OTAMACOE A YOUND	DEGREE ATTENDING PHYSICIAL	and Queent	lungs,
(COECIEN)	ATTENDING PHYSICIAN ADDRESS		101)
H FUNEAU DREGJOR J. Will:		Chestertown, Md.	MAIL

